



MUSKEGEE SHERIFF OFFICE

P.O. Box 2428 Muskogee, Oklahoma 74402
(918)682-7851

MEDICAL QUESTIONNAIRE

Booking Number 2016-005176

Booked Date 11/3/2016 11:50

Sex Male

Inmate Name BUCHANAN, JAMES DOUGLAS

Date Of Birth 03/27/1962

Race White

General Question

Yes No

- Do you have any other medical problems we should know about?
Explanation: BROKEN RIBS COLAPSED LUNG BURNT FINGERS NECK PROBLEMS
- Do you have any problems or pain with your teeth?
- Do you have any problems when you stop drinking or using drugs?
- Have you ever attempted suicide or are you thinking about it now?
- Have you ever been treated for drug/alcohol dependency?
- Have you received any disability compensation in the last 18 months?
- Have you recently been hospitalized or treated by a doctor?
- In case of an emergency while in our care, who would you like us to contact?
- What is your gang affiliation?
- What is your religious preference?

Insurance
Doctor

Emergency Contact Person

Relationship BROTHER
Name BUCCHANAN, STAN
Address
City
State
Zip
Phone (918)686-0556

I CERTIFY THAT I HAVE TRUTHFULLY ANSWERED THESE QUESTIONS ABOUT MY HEALTH.

Officer

Exhibit 7

DTX



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Visual Assessment

Yes No

- Any signs of poor skin condition, vermin, rashes or needle marks?
- Does inmate appear to be under the influence of drugs or alcohol?
- Does inmate appear to have psychiatric problems?
- Does inmate behavior suggest the risk of suicide or assault?
- Does inmate have any physical deformities?
- Does inmate have any visible signs of trauma, illness, obvious pain or bleeding, requiring immediate emergency or doctor's care?
- Is inmate carrying medication?

Have you ever had / Do you have?

Yes No

- Asthma
- Diabetes
- Heart condition
- Hepatitis
- High Blood Pressure
- Mental illness
- Other
- Seizures
- STD
- Tuberculosis

General Question

Yes No

- Are you a registered sex offender?
- Are you allergic to any foods, drugs, or latex?
- Are you presently under the influence of alcohol or drugs now?
- Do you currently take any medication prescribed by a doctor?
Explanation: ANTI INFLAMMATORY MUSCLE RELAXERS PAIN MEDS DR. TRINIDAD
- Do you have a special diet prescribed by a physician?

PREA RISK ASSESSMENT**POTENTIAL AGGRESSOR:**

1. Have you ever been involved in an incident where you sexually abused other inmates? Yes No
2. Have you ever been involved in an incident where you sexually abused other people outside of prison? Yes No
3. Have you ever been involved in a violent offense? Yes No
4. Have you ever committed a violent offense within an institutional setting or jail? Yes No

ASSESSMENT: IF QUESTION 1 IS MARKED YES, OR IF ANY 3 OR MORE ARE YES, THEN NOTIFY JAIL ADMINISTRATION AND/OR MENTAL HEALTH OF INMATE'S POTENTIAL AS AN AGGRESSOR.

POTENTIAL VICTIM:

1. Does Inmate appear to have or report a mental, physical, or developmental disability? Yes No
2. Have you ever been a victim of sexual abuse in prison or jail? Yes No
3. Have you ever been a victim of sexual abuse as an adult or child? Yes No
4. Is Inmate less than 21 years old or over 65 years old? Yes No
5. Is Inmate of slight physical stature? Male: less than 5' 6" and/or less than 140 lbs OR Female: less than 5' and/or less than 100 lbs. Yes No
6. Is this the first time you have been incarcerated? Yes No
7. Is the Inmate's Criminal History exclusively non-violent? Yes No
8. Are you gay/lesbian, bisexual, transgender, intersex or gender non-conforming? Yes No
9. Does Inmate have current or prior convictions for sex offenses against a child or adult? Yes No
10. Do you believe yourself to be vulnerable to being sexually abused in prison? Yes No

ASSESSMENT: IF QUESTION 1 OR 2 IS MARKED YES, OR IF ANY 3 OR MORE ARE YES, THEN NOTIFY JAIL ADMINISTRATION AND/OR MENTAL HEALTH OF INMATE'S POTENTIAL AS A VICTIM OF SEXUAL AGGRESSION.

Mental Health Notified: Yes No Date/Time: _____

Jail Administration Notified: No Yes Date/Time: _____